

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Definitions

Account means the account held at your *financial institution* from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement and Direct Debit Request between you and us.

These must be read together.

Business day means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by *you* to *us* is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the Direct Debit Request between *us* and *you* (and includes any Form PD-C approved for use in the *transitional period*).

GST means the A New Tax (Goods and Services) Act 1999.

Transitional period means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000 and concluding 12 calendar months from that date).

Us or **we** means *Interstar Non-Conforming Finance Pty Ltd* that you have authorised by signing a *direct debit request*.

You means the customer who signed the *direct debit request*.

Your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

1. Debiting your account

1.1 By signing a *direct debit request*, you have authorised *us* to arrange for funds to be debited from *your account*. You should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 We will arrange for funds to be debited from *your account* as authorised in the *direct debit request*.

1.3 If the *debit day* falls on a day that is not a *business day*, we may direct your *financial institution* to debit *your account* on the preceding *business day*. If *you* are unsure about which day *your account* has or will be debited you ask your *financial institution*.

2. Changes by us

2.1 We may vary any details of this *agreement* or a *direct debit request* at any time giving *you* at least fourteen (14) days written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us* on 1300 300 989.
- 3.2 If *you* wish to stop to defer a *debit payment* you must notify *us* in writing at least three (3) days before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your* account at any time by giving *us* fifteen (15) days notice in writing before the next *debit day*. This notice should be given to *us* in first instance.
- 3.4 *You* must also make arrangements for a new Direct Debit Request if your loan agreement says you must have a Direct Debit Request.

4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
- (a) *you* may be charged a fee and/or interest by your *financial institution*;
 - (b) *you* may incur fees and charges imposed or incurred by *us*; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.
- 4.4 If *Interstar Non-Conforming Finance Pty Ltd* is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay *Interstar Non-Conforming Finance Pty Ltd* on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on **1300 300 989** and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query as quickly as possible. Our mailing address is:
- [Interstar Non-Conforming Finance
Attn: Customer Service Department
PO Box 626 Collins Street West
Melbourne VIC 8007]
- 5.2 If *we* conclude as a result of our investigations that *your* account has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your* account (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.

- 5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to us in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If we cannot resolve the matter *you* can still refer it to your *financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

6. **Accounts**

You should check:

- (a) With *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions;
- (b) *Your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) With *your financial institution* before completing the *direct debit request* if *you* have any queries about how to complete the *direct debit request*.

7. **Confidentiality**

- 7.1 *We* will keep any information (including your *account details*) in your *direct debit request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* so not make any unauthorised use, modification, reproduction or disclosure of that information.

- 7.2 *We* will only disclose information that *we* have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. **Notice**

- 8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

Interstar Non-Conforming Finance
Attn: Customer Service Department
PO Box 626 Collins Street West
Melbourne VIC 8007

- 8.2 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *direct debit request*.

- 8.3 Any notice will be deemed to have not received *two (2) business days* after it is posted.

DIRECT DEBIT REQUEST

**REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY
INTERSTAR NON-CONFORMING FINANCE PTY LTD**

Surname or Company name: _____

Given names or A.C.N./A.R.B.N: _____

Request and authorise **Interstar Non-Conforming Finance Pty Ltd User (ID 208154)** to arrange for any amount **Interstar Non-Conforming Finance Pty Ltd** may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

Financial institution name: _____

Address: _____

Name of Account Holder/s ** _____

Bank/State/Branch Number - _____ - _____

Account Number _____

Payment frequency Monthly Twice Monthly Fortnightly
Please tick one box only.

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and **Interstar Non-Conforming Finance Pty Ltd** as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: _____

(If signing for a company, sign and print full name and capacity for signing eg. Director)

Address: _____

Date: ____/____/____

Tel: Home _____

Tel: Home _____

Tel: Work _____

Tel: Work _____

Tel: Mobile _____

Tel: Mobile _____

Loan Number _____

Loan ID _____

**PLEASE NOTE: YOUR SETTLEMENT COULD BE DELAYED IF YOU DO NOT
PROVIDE FULL CONTACT DETAILS**

**Note – Account holder must be a Borrower under the loan agreement